

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4						
5						
6						
7						
8	/					
9		/				
10						
11						
12						
13						
14						
15	/					
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22	/					
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36	/					
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41						
42						
43	/					
44		/				
45						
46						
47						
48						
49	/					
50						
TOTAL IND.	-1					
TOTAL DEP.	12					
TOTAL CLAIMS	41					

	*	*	*	IND.	DEP.
	IND.	DEP.	IND.		
51					
52					
53					
54					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS